

**DEPARTMENT OF EDUCATION**

POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064

Toll Free #: 1-877-453-2721

<http://www.louisianaschools.net>**REQUEST FOR HIGH SCHOOL DUPLICATE TRANSCRIPTS AND/OR REISSUED DIPLOMAS**

(For a copy of GED Score/Diploma, please contact the Division of Family, Career and Technical Education at 225-342-0444; do NOT complete this form.)

Note: No fee is required for high school graduation verification only. Contact our office or visit our website for the "High School Graduation Verification Request" form.

☐ **Reissued Diplomas (\$10.00* each)** will be sent directly to the school system for required signatures by the current local Superintendent, the School Board President, the local high school Principal, and then forwarded to the graduate by the local school system unless indicated otherwise below.

- () I prefer to obtain required signatures myself.
() Please forward completed diploma to an address other than the graduate's. (See "Other Mailing Address" below.)

☐ **Duplicate Transcripts (\$2.00* each)** will be mailed directly to the graduate unless indicated otherwise below.

- () Please forward transcript to an address other than the graduate's. (See "Other Mailing Address" below.)

***Money Orders, Cashiers Checks, and Company Checks made payable to LA Department of Education can be accepted.** Cash and personal checks **are not** accepted. If you are requesting more than one of these items, you may submit one payment for the total amount. **Fees are nonrefundable.**

PRINT or TYPE the following information:_____
Student's Current Name (First, Middle, Last)_____
Date of Birth (Month, Day, Year)_____
Student's Name When She/He Graduated (First, Middle, Last)_____
Social Security Number_____
Month & Year of Graduation_____
Name of High School_____
School Location (Parish & City)**Please read the top of the form carefully and provide the proper addresses.****Graduate's Mailing Address:**_____

_____**Other Mailing Address:**

Name of Company, Institution, etc.: _____

Attn: _____

Signature of Graduate_____
Today's Date

Return this completed form, copy of either a driver's license, or other state-issued ID, and the appropriate fee(s) to:

Duplicate Transcripts & Reissued Diplomas
Louisiana Department of Education
Post Office Box 94064
Baton Rouge, LA 70804-9064

"An Equal Opportunity Employer"